

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,799

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1-2					53						
4		101					54						
5		101					55						
6		101					56						
7		101					57						
8		101					58						
9		101					59						
10		101					60						
11		101					61						
12		101					62						
13		101					63						
14		101					64						
15		101					65						
16		101					66						
17		101					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22							72						
23							73						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21						TOTAL CLAIMS						

BEST AVAILABLE COPY